

INPATIENT AUTHORIZATION FORM

Standard requests - Determination within 15 calendar days of receiving all necessary information.

Urgent requests - I certify this request is urgent and medically necessary to treat an injury, illness or condition (not life threatening) within 72 hours to avoid complications and unnecessary suffering or severe pain.

X URGENT REQUESTS MUST BE SIGNED BY THE PHYSICIAN TO RECEIVE PRIORITY

* Indicates Required Field

MEMBER INFORMATION

*Medicaid/Member ID

Last Name, First

*Date of Birth (MMDDYYYY)

REQUESTING PROVIDER INFORMATION

*Requesting NPI *Requesting TIN Requesting Provider Contact Name

Requesting Provider Name Phone *Fax

SERVICING PROVIDER / FACILITY INFORMATION

Same as Requesting Provider

*Servicing NPI *Servicing TIN Servicing Provider Contact Name

Servicing Provider/Facility Name Phone Fax

AUTHORIZATION REQUEST

*Primary Procedure Code (CPT/HCPCS) (Modifier)

Additional Procedure Code (CPT/HCPCS) (Modifier)

*Start Date OR Admission Date (MMDDYYYY)

*Diagnosis Code (ICD-10)

Additional Procedure Code (CPT/HCPCS) (Modifier)

Additional Procedure Code (CPT/HCPCS) (Modifier)

Discharge Date (if applicable) otherwise Length of Stay will be based on Medical Necessity (MMDDYYYY)

Additional Diagnosis Code (ICD-10)

***INPATIENT SERVICE TYPE** (Enter the Service type number in the boxes)

<p>Delivery</p> <p>779 C-Section Delivery</p> <p>720 Vaginal Delivery</p> <p>Inpatient Rehab</p> <p>427 Rehab</p> <p>Transplant</p> <p>992 Transplant</p>	<p>Miscellaneous</p> <p>121 Long Term Acute Care</p> <p>970 Medical</p> <p>414 Premature/False Labor</p> <p>402 Skilled Nursing Facility</p> <p>411 Surgical</p> <p>490 Boarder Baby</p> <p>300 Neonate</p>	<p>Behavioral Health</p> <p>528 BH Chemical Substance Abuse</p> <p>529 BH Psychiatric Admission</p> <p>531 BH Eating Disorders</p> <p>532 BH Crisis Stabilization Unit</p> <p>535 BH Residential Treatment - Substance Use</p> <p>536 BH Residential Treatment - Mental Health</p>
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ALL REQUIRED FIELDS MUST BE FILLED IN AS INCOMPLETE FORMS WILL BE REJECTED.
COPIES OF ALL SUPPORTING CLINICAL INFORMATION ARE REQUIRED. LACK OF CLINICAL INFORMATION MAY RESULT IN DELAYED DETERMINATION.